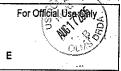
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



INITIAL

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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	4. Name, file number, and address of labor organization.		
Name 1/251/46 [2] 1/2/12/25/36	Name Manuel Manu		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street Street	Street		
City CASESTURE EXPLICIT THE REPORT OF THE PROPERTY OF THE PROP	City Carlos Carl		
State ZIP Code + 4 G D EST	State ZZZZZOZJ ZIP Code +4 6 ZZZ		
5. Position in labor organization. Thodony massed metals from the second of the secon			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
	7.a. Nature of Interest, Transaction, or Income.		
Name	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.b. Amount,		

Keari J. Yhlu

Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	Townson A.		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street The Transfer of the Tra	Basely - Market of		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street St			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Keith Holm=s

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.